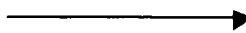
**CHANGE OF
CORRESPONDENCE ADDRESS
Application**

Address to:
Assistant Commissioner for Patents
Washington, D.C. 20231

Application Number	09 836 158
Filing Date	April 17, 2001
First Named Inventor	LEFEVRE
Art Unit	1714
Examiner Name	TOOMER, C.
Attorney Docket Number	KOB 18

Please change the Correspondence Address for the above-identified application to:

☐ Customer Number 
Type Customer Number here

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Number Bar Code
Label here

OR

<input type="checkbox"/> Firm or Individual Name	Maria Parrish Tungol				
Address	5820 Fifer Drive				
Address	Suite 100				
City	Alexandria	State	VA	ZIP	22303
Country	US				
Telephone	571 275 1111	Fax	610 667 8787		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed
Name

Maria Parrish Tungol

Signature

Date

October 15, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of _____ forms are submitted.